

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0025039

DOCUMENT # N28626

1. Entity Name

EXXON ANNUITANTS CLUB OF SOUTH FLORIDA, INC.

04-11-2002 90048 022 ****61.25

Principal Place of Business

Mailing Address

**ROBERT HACKETT
 16600 SW 82ND AVE
 MIAMI FL 33157
 US**

**ROBERT HACKETT
 16600 SW 82ND AVE
 MIAMI FL 33157
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0106043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HACKETT, ROBERT
 16600 SW 82ND AVE
 MIAMI FL 33157**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCANN, PETER 5820 SW 87TH STREET MIAMI FL 33143	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARTOLOMEU, SARAH 8220 SW 89TH STREET MIAMI FL 33156	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RENAUD, AL 7965 S.W. 165TH STREET MIAMI FL 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIACH, JAMES 11325 SW 72ND AVE MIAMI FL 33156	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HACKETT, ROBERT 16600 SW 82ND AVE MIAMI FL 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLERA, MARIA 4401 ANDERSON RD CORAL GABLES FL 33134	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIZABETH MARLANE 5876 SW 77 TERRACE SOUTH MIAMI FL 33143	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD ABREU 610 JERONIMO DRIVE CORAL GABLES FL 33146	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARBARA SEYKORA 14700 SW 83 PLACE MIAMI, FL. 33158	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. HACKETT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 4 2002
 Date

305-238-5172
 Daytime Phone #

CR2E037 (9/01)